IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD A ETHICS A FAST 12H, SUITE 1A CAMPAIGN DISC DES MOINES, IA 50319

Fax: (515)281-3701

2008 SEP 29 Physy. joya.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office us	
ndexed	
Audited	
Checked	
Computer	

Fort Dodge Correctional Facility			
Name of Department or Office			
Mailing Address	Fort Dodge, Iowa 50501 City, State, Zip Code		
515-574-4700 Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT	OR OFFICE.		
Cornell R. Smith	OR OFFICE:		
Name			
Same	Same		
Mailing Address (if different from above) Comell.Smith@iowa.gov	City, State, Zip (if different from above)		
Email Address	Area Code & Telephone Number (if different from above)		
ONOR OF GIFT, BEQUEST, OR GRANT:	a comprise realized (if different from above)		
Ann Larson Name 2706 4th Avenue North Fort Dodge, Iowa			
Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional)	September 17, 2008 \$ 6.00 Date of Gift, Bequest, or Grant Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
Area Code & Telephone Number	Date of Gift, Bequest, or Grant Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
Area Code & Telephone Number Email Address (optional) Provide a description of the gift, bequest, or grant and purpose	Date of Gift, Bequest, or Grant Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". e thereof:		
Area Code & Telephone Number Email Address (optional) Provide a description of the gift, bequest, or grant and purpose	Date of Gift, Bequest, or Grant Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". e thereof:		
Area Code & Telephone Number Email Address (optional)	Date of Gift, Bequest, or Grant Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". e thereof:		

Statement of Affirmation:

affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

9-30-08 Date



A LOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

2008 SEP 29 PM 3: 03

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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only				
Indexed		_		
Audited		_		
Checked		_		
Compute	r			

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

t Dodge, Iowa 50501
y, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Cornell R. Smith		
Name Same	Same	
Mailing Address (if different from above) Comell.Smith@iowa.gov	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

Mary Coleman			
Name			
955 South 17th Street	Fort Dodge, Iowa 50501		
Mailing Address	City, State, Zip Code	September 17, 2008	\$ 16.95
Area Code & Telephone Number		Date of Gift, Bequest, or Grant	Amount/Value*
Aled Gode & Telephone Number		*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)		reserving department of office. If I	io value mark 0.00 .

Provide a description of the gift, bequest, or grant and purpose thereof:

Paperback book entitled "My Life with the Saints" to be used in the offender library.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _______affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature Signature

9-30-08 Date